

PROJECT NO:	DATE:	FEDERAL I.D. NO. (FEIN):
		SOCIAL SECURITY #:
BUSINESS ENTITY NAME:		BUSINESS ENTITY ADDRESS/ TELEPHONE NO.:
		e-mail address:
1. BUSINESS ENTITY IS: (please check appropriate box and provide additional information as requested)		
a) <input type="checkbox"/> Corporation State of Incorporation:		List officers, directors and major shareholders (10% or more of the voting shares publicly traded companies, 25% of shares for all other companies)
b) <input type="checkbox"/> Sole Proprietorship State/County filed in *:		
c) <input type="checkbox"/> General Partnership State/County filed in:		List General Partner and other partners below
d) <input type="checkbox"/> Not-for-Profit Corporation d1) If a Charity - Provide Registration Number:		List officers and directors below
e) <input type="checkbox"/> Limited Liability Company (LLC) *: Jurisdiction filed in:		List officers, managers and members below
f) <input type="checkbox"/> Limited Liability Partnership State/County filed in:		List General Partner and limited or other partners below
g) <input type="checkbox"/> Municipality		List Municipal Clerk and Municipal Officers below
h) <input type="checkbox"/> Other – Specify: Jurisdiction filed in: (if applicable)		List officers, members, managers, etc below

Name	Title	Address

Use additional sheets if necessary

***IF NOT INCORPORATED OR FORMED IN NEW YORK STATE, PLEASE PROVIDE A CURRENT CERTIFICATE OF GOOD STANDING FROM YOUR STATE OR APPLICABLE LOCAL JURISDICTION.**

IF EXPLANATION REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY		YES	NO
<u>BUSINESS ENTITY INFORMATION:</u>			
2.	Does the Business Entity do business under any other names?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES: <ul style="list-style-type: none"> • Please indicate those names: _____ • Has the Business Entity filed a certificate of doing business (d/b/a certificate) for those names? _____ • If so, please indicate what counties the certificates are filed in: _____ 			
3.	<p>(a) Is any immediate family member of any individual listed in response to Question No. 1 employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate the relationship between the individuals. Please attach additional sheets, if necessary.</p> <p>(b) Is any individual listed in response to question No. 1 employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate whether the individual was involved in the bidding, contracting or leasing process for this transaction. Please attach additional sheets, if necessary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<u>BUSINESS ENTITY RESPONSIBILITY:</u> (N/A for Government Entities)			
4.	Within the past 5 years, has the BUSINESS ENTITY, any individuals serving in managerial or consulting capacity, principal owners, officers; OR IF APPLICABLE, major stockholder(s) or any affiliate or any person involved in the bidding, contracting or leasing process been the subject of any of the following:		
(a)	a judgment or conviction for any business related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	a criminal investigation or indictment for any business related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	an unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any government agency?	<input type="checkbox"/>	<input type="checkbox"/>
(d)	an investigation for a civil violation by any local, state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(f)	a local, state, or federal suspension, debarment or termination from the lease process?	<input type="checkbox"/>	<input type="checkbox"/>
(g)	a local, state or federal contract suspension or termination for cause prior to the completion of the term of a lease?	<input type="checkbox"/>	<input type="checkbox"/>
(h)	a local, state, or federal denial of a lease or contract award for non-responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
(i)	an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?	<input type="checkbox"/>	<input type="checkbox"/>
(j)	a federal, state or local determination of a willful violation of any public works or labor law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
(k)	a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?	<input type="checkbox"/>	<input type="checkbox"/>
(l)	a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/>	<input type="checkbox"/>
(m)	an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/>	<input type="checkbox"/>
(n)	a rejection of a bid on a New York State contract or a lease with the State for failure to comply with the MacBride Fair Employment Principles?	<input type="checkbox"/>	<input type="checkbox"/>
(o)	a citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of:		
-	federal, state or local health laws, rules or regulations	<input type="checkbox"/>	<input type="checkbox"/>
-	unemployment insurance or workers' compensation coverage or claim requirements	<input type="checkbox"/>	<input type="checkbox"/>
-	ERISA (Employee Retirement Income Security Act)	<input type="checkbox"/>	<input type="checkbox"/>
-	federal, state or local human rights laws	<input type="checkbox"/>	<input type="checkbox"/>
-	federal Immigration and Naturalization Services and Alienage laws	<input type="checkbox"/>	<input type="checkbox"/>
-	Sherman Act or other federal anti-trust laws	<input type="checkbox"/>	<input type="checkbox"/>
(p)	entered into an agreement to a voluntary exclusion from leasing or contracting with a governmental entity?	<input type="checkbox"/>	<input type="checkbox"/>
(q)	a finding of non-responsibility, a procurement contract withheld or terminated by an agency, authority or governmental agency due to the intentional provision of false or incomplete information as required by New York State Finance Law §§139-j and 139-k?	<input type="checkbox"/>	<input type="checkbox"/>

FOR EACH "YES" ANSWER TO 4 (a)-(q), PLEASE PROVIDE DETAILS ON ADDITIONAL SHEETS REGARDING THE FINDING, INCLUDING (BUT NOT LIMITED TO) CAUSE, CURRENT STATUS, RESOLUTION, ETC.		
5. Does the Business Entity use, or has it used in the past five (5) years, any other Business Name, Federal Employee Identification Number, or d/b/a than what is listed on page one of this document? If YES, provide the name(s), Federal Employee Identification Number (s) and d/b/a(s) and the address for each such entity.	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 3 years, has the Business Entity failed to: (a) file returns or pay any applicable federal, state or local taxes? (If YES, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the Business Entity failed to file/pay and the current status of the liability.) (b) file returns or pay New York State unemployment insurance? (If YES, indicate the years the Business Entity failed to file/pay the insurance and the current status of the liability)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Have any bankruptcy proceedings been initiated by or against the Business Entity or its affiliates within the past 7 years (whether or not closed) or is any bankruptcy proceeding pending by or against the Business Entity or its affiliates regardless of the date of filing? (If YES, indicate if this is applicable to the submitting Business Entity or affiliate. If it is an affiliate, include the affiliate's name and Federal Employee Identification Number. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. (If closed, provide the date closed).	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the Business Entity been denied, or received a decertification, revocation or forfeiture of Minority or Women-Owned Business or Disadvantaged Business Enterprise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Per New York State Workers' Compensation Law §57 & §220, a business entity applying for a state contract, license or permit must provide proof of coverage or exemption for both Workers' Compensation AND Disability Benefits. (Please see the "Workers' Compensation Board Agency Contract Requirements" chart.) Supporting documentation must be obtained through the New York State Workers' Compensation Board (WCB). Additional information is available at www.wcb.ny.gov . The business entity/Federal Employee Identification Number on the OGS lease contract, disclosure and the WCB forms must all match. Business Entity (Business Entity) has: Workers Compensation: IF YES, Form C-105.2, SI-12, U-26.3 or GSI-105.2 is required* <input type="checkbox"/> <input type="checkbox"/> IF NO, then a completed exemption form CE-200 is required** Disability Benefits: IF YES, Form DB-120.1 or DB-155 is required* <input type="checkbox"/> <input type="checkbox"/> IF NO, then a completed exemption form CE-200 is required** <ul style="list-style-type: none">*IF YES, A business's insurance carrier will send the appropriate form to the government entity upon request. Please be sure to designate The New York State Office of General Services, Division of Real Estate Services, 40th Floor, Corning Tower, The Governor Nelson A. Rockefeller Empire State Plaza, Albany, New York 12242 as the Certificate Holder or Government Entity requesting proof of coverage.**IF NO, Exemption Form CE-200 is available at the WCB website. Please note that an exemption is available in <u>very limited circumstances</u>.		
10. Does the Business Entity have the financial resources necessary to fulfill the requirements of the proposed Lease?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will New York State businesses be used in the performance of this Lease? If yes, identify New York State business(es) that will be used; (Attach identifying information).	<input type="checkbox"/>	<input type="checkbox"/>
12. The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices. Generally, the Human Rights Law applies to: <ul style="list-style-type: none">all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;employers with fewer than four employees in all cases involving sexual harassment; and,any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin. Does the Business Entity certify, in accordance with Executive Order No. 177, that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law? <input type="checkbox"/> <input type="checkbox"/> Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.		

SIGNATURE PAGE

The undersigned, personally and on behalf of the Business Entity noted below, does hereby state and certify to the New York State Office of General Services that the information given above is true, accurate and complete with respect to State Finance Law §§ 139 j-k.

The undersigned: (1) recognizes that this document is submitted for the express purpose of assisting the New York State Office of General Services (hereinafter referred to as "OGS") and other New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding the award or approval of a lease or modification thereto (including, but not limited to, a renewal, modification or assignment thereof) and that OGS and other New York State government entities will rely on the information disclosed herein when making responsibility determinations; (2) acknowledges that OGS and other New York State government entities may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or federal law, as well as a finding of non-responsibility and all other actions available at law or in equity.

The undersigned certifies that he/she:

- is knowledgeable about the Business Entity's business and operations;
- understands that OGS and other New York State government entities will rely on the information disclosed in this Lease Disclosure Sheet when entering into a lease or modification thereto with the Business Entity;
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses from the time of proposal submission through the delivery of a fully executed document by OGS, and may be required to update the information at the request of OGS or other New York State government entities prior to the award and/or approval of a lease or modification thereto, or during the term of the lease; and
- is authorized to bind the Business Entity and is either (1) listed as an officer/partner/member of the Business Entity listed in response to question 1 of this Lease Disclosure Sheet; or (2) is submitting a letter, with this Lease Disclosure Sheet, on the company's letterhead signed by an officer/partner/member of the Business Entity listed in response to question 1 of this Lease Disclosure Sheet, stating that the undersigned is authorized to sign on behalf of the Business Entity.

I affirm this _____ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the statements contained herein are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Name of Business

Signature

Address

Print or Type Name

City, State, Zip

Title

Date:

Telephone Number:

WORKERS' COMPENSATION AND DISABILITY INSURANCE FORMS CHART

Revision Date: 1/7/2009																								
WORKERS' COMPENSATION AND DISABILITY BENEFITS AGENCY CONTRACT REQUIREMENTS																								
Workers' compensation law (WCL) requires state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.																								
Businesses Requesting to Enter into, Extend, or Assign Contracts MUST provide ONE of the following Workers Compensation Forms AND ONE of the following Disability Benefits Forms.																								
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